## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10588646

|                                  |  |  |  |                            |  | 7616                             |                  |                     |                        |           |                            |                        |
|----------------------------------|--|--|--|----------------------------|--|----------------------------------|------------------|---------------------|------------------------|-----------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I         |  |  |  |                            |  |                                  |                  | SMALL ENTITY TYPE   |                        | OR        | OTHER THAN<br>SMALL ENTITY |                        |
|                                  |  |  | (Colur                                   | nn 1)                      | (Column 2)                             |                                  | 1                |                     | لـــــا                | I         |                            |                        |
| U.S.                             | NATIONAL S                                     | STAGE FEES   |  |                            |  | ,                                |                  | RATE                | FEE                    |           | RATE                       | FEE                    |
| BAS                              | C FEE  |  | SMALL EN                                 | T. = \$ 150                | LARGE ENT. = \$ 300                    |                                  |                  | BASIC FEE           |                        | OR-       | BASIC FEE                  | 30                     |
| EXA                              | MINATION FE                                    | E  | Satisfies PCT<br>(4) = \$5               |                            | All other situations = \$ 100 / \$ 200 |                                  |                  | EXAM. FEE           |                        |           | EXAM. FEE                  | ZW                     |
| SEA                              | RCH FEE  |  | U.S. is ISA =<br>ALL other c<br>\$ 200 / | ountries =                 | ALL other situations = \$ 250 / \$ 500 |                                  |                  | SEARCH FEE          |                        |           | SEARCH FEE                 | 40)                    |
| FEE                              | FOR EXTRA S                                    | PEC. PGS.  | minus 100 =                              |                            |  | / 50 =                           |                  | X \$ 125 =          |                        |           | X \$ 250 =                 | , .                    |
| тот                              | AL CHARGEAE                                    | BLE CLAIMS   | 44 "                                     | ninus 20 =                 | 24                                     |                                  | X \$ 25 =        |                     | OR                     | X \$ 50 = | 1200)                      |                        |
| INDE                             | PENDENT CL                                     | AIMS   | 2 minus 3 = *                            |                            |  | :                                |                  | X \$ 100 =          |                        | OR        | X \$ 200 =                 |                        |
| MUL                              | TIPLE DEPENI                                   | DENT CLAIM PR  | ESENT                                    |                            |  |                                  |                  | + \$ 180 =          |                        | OR        | + \$ 360 =                 |                        |
| * If                             | the difference                                 | in column 1 is   | less than ze                             | ro, enter "                | lumn 2                                 |                                  | TOTAL            |                     | OR                     | TOTAL     |                            |                        |
|                                  |  | CLAIMS AS<br>(Column 1)  | . š                                      | SMALL E                    | NTITY                                  | OR                               | OTHER<br>SMALL E |                     |                        |           |                            |                        |
| AMENDMENT A                      |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | NUM<br>PREVI               | HEST<br>MBER<br>OUSLY<br>FOR           | PRESENT<br>EXTRA                 |                  | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                  | Total  | *  | Minus                                    | **                         | •                                      | =                                |                  | X \$ 25 =           |                        | OR        | X \$ 50 =                  |                        |
|                                  | Independent                                    | *  | Minus                                    | ***                        |  | =                                |                  | X \$ 100 =          |                        | OR        | X \$ 200 =                 |                        |
|                                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                            |  |                                  |                  | + \$ 180 =          |                        | OR        | + \$ 360 =                 |                        |
|                                  |  |  |  |                            |  |                                  |                  | TOTAL ADDIT.<br>FEE |                        | OR        | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3) |  |  |  |                            |  |                                  |                  |                     |                        |           |                            |                        |
| AMENDMENT B                      |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |  | NUM<br>PREVI               | HEST<br>MBER<br>OUSLY<br>FOR           | PRESENT<br>EXTRA                 |                  | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                  | Total  | *  | Minus                                    | **                         |  | =                                |                  | X \$ 25 =           |                        | OR        | X \$ 50 =                  |                        |
| AMEN                             | Independent                                    | *  | Minus                                    | ***                        | ,                                      | =                                |                  | X \$ 100 =          |                        | OR        | X \$ 200 =                 |                        |
| •                                | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                            |  |                                  |                  | + \$ 180 =          |                        | OR        | + \$ 360 =                 | ****                   |
|                                  |  | , ,  | TOTAL ADDIT.<br>FEE                      |                            | OR                                     | TOTAL ADDIT.<br>FEE              |                  |                     |                        |           |                            |                        |
|                                  |  |  |  |                            |  | e edan e eza                     |                  | •                   |                        | •         |                            |                        |
| ***                              | If the "Highest N                              | umn 1 is less than th<br>umber Previously Pa<br>umber Previously Pa<br>mber Previously Pai | aid For" IN THIS<br>aid For" IN THIS     | SPACE is le<br>SPACE is le | ss than '2<br>ss than '3               | 0', enter "20".<br>', enter "3". | 1 in th          | ne appropriate bo   | x in column 1          |           |                            |                        |